	Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003									10725907					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	E	YTITY	OR		THAN ENTITY	
TOTAL CLAIMS			4					RATE		FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS) minus 20=		. 0			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		. 62			X43=			OR	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
MULTIPLE DEPENDENT CLAIM P			RESENT						-		1			i
* 11	the difference	in column 1 is	less than ze	ero, enter	"0" in column 2			+145= TOTAL		20 1	OR	L	<u> </u>	
CLAIMS AS AMENDED - PART II								TOTAL	- {	385	OR	OTHER	THAN	1
(Column 1) (Column 2) (Column 3)								SMAL	LE	ENTITY	OR	SMALL		
A	6/2/60	CLAIMS REMAINING		HIGH	BER	PRESENT		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL	, .
AMENDMENT A	101/105	AFTER AMENDMENT		PREVIO PAID		EXTRA			_	FEE			FEE	
	Total	• /	Minus	* Ó	0	=	ľ	X\$ 9=			OR OR	X\$18=		
AME	Independent	* / ENTATION OF MI	Minus	***	<u> </u>	=/		X43=		. /		X86=		
	rinsi Phesi	ENTATION OF IVI	ULTIPLE DE	EINDEIN	CLATIVI	<i>/</i> [] _		+145=			OR	+290=		
		•					ı	TOTA ADDIT. FE		/		TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	. '	NDUII. FE			•	ADDII. I EE		
AMENDMENT B	3/1	CLAIMS REMAINING		HIGHE NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		5475	T	ADDI-	OR OR		ADDI-	
	116/07	AFTER AMENDMENT						RATE		TIONAL FEE		RATE	TIONAL FEE	tipt.
	Total ·	*31	Minus	* 3	0	= 4		X\$` \$	Į	25		X\$18=		Not paid* *No poriz to charge act.
AME	Independent	* /	Minus	ENDENT	CI AINA	=	4 [X43=				X86=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								T		OR	+290=		WHITE CHERRY
								TOTA		35	OR	TOTAL ADDIT, FEE		to Charles
		(Column 1)		(Colum	າດ 2)	(Column 3)	•	ADDIT. FE		,				
ပ		CLAIMS REMAINING	_	HIGHE	ST	PRESENT	Γ		T	ADDI-		,	ADDI-	
ENT		AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
MQN	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
AMENDMENT C	Independent	*	Minus	***		-		X43=	1		OR	X86=	_	
Ш	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM	لـــــــــــــــــــــــــــــــــــــ		+145=	†			+290=		•
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
****	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
1	ne "Hignest Nun	iber Previously Pali	or ror (Total or	ındepende	ni) is the	nignest number	r TOU	nd in the a	ppr	ropriate box	in col	umn 1,		